

CAND Pay.gov Application for Refund (rev. 2/2023)

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

**APPLICATION FOR REFUND (USDC-CAND PAY.GOV)**

PAY.GOV TRANSACTION DETAILS

**IMPORTANT:**

- Complete all required fields (shown in **red\***); otherwise, your request may be denied and require resubmission.
- In fields **3-6**, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

|   |  |
|---|--|
| <b>1. Your Name:*</b> Sarah Aceves  | <b>7. Your Phone Number:</b> (802) 828-3170  |
| <b>2. Your Email Address: *</b> sarah.aceves@vermont.gov  | <b>8. Full Case Number (if applicable):</b> 4:17-cv-05783-HSG  |
| <b>3. Receipt Agency Tracking ID:*</b> ACANDC-18989198  | <b>9. Fee Type:*</b> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Attorney Admission<br/> <input type="checkbox"/> Civil Case Filing<br/> <input type="checkbox"/> Audio Recording<br/> <input type="checkbox"/> Notice of Appeal<br/> <input type="checkbox"/> Pro Hac Vice<br/> <input type="checkbox"/> Writ of Habeas Corpus         </div> |
| <b>4. Transaction Date:*</b> 01/04/2024   |  |
| <b>5. Transaction Time:*</b> 9:50 am  |  |
| <b>6. Transaction Amount (Amount to be refunded):*</b> \$ 328.00  |  |
| <b>10. Reason for Refund Request:*</b> Explain in detail what happened to cause duplicate charges or no fee required. <ul style="list-style-type: none"> <li>For a duplicate charge, provide the <b>correct</b> receipt number in this field.</li> <li>If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the <b>open</b> case).</li> </ul> <p>I applied to be admitted into the above referenced case pro hac vice but due to clerical errors my application was denied. Vermont's Solicitor General, Jonathan Rose will now apply for admission PHV in this case. It is my understanding that fees cannot be applied to other attorneys, so I am filing a refund request.</p> |  |

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: [cand.uscourts.gov/ecf/payments](https://cand.uscourts.gov/ecf/payments). For assistance, contact the ECF Help Desk at 1-866-638-7829 or [ecfhelpdesk@cand.uscourts.gov](mailto:ecfhelpdesk@cand.uscourts.gov) Monday -Friday 9:00 a.m.-4:00 p.m.

| FOR U.S. DISTRICT COURT USE ONLY  |  |
|---|--|
| Refund request: <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="checkbox"/> Approved<br/> <input type="checkbox"/> Denied<br/> <input type="checkbox"/> Denied — Resubmit amended application (see reason for denial)         </div> | <div style="border: 1px solid green; padding: 2px; text-align: center; background-color: #d4edda;"> <b>APPROVED</b><br/> <small>By Ana Banares at 4:04 pm, Jun 13, 2024</small> </div> |
| Approval/denial date:   | Request approved/denied by:  |
| Pay.gov refund tracking ID refunded: 27F7RBGG   | Agency refund tracking ID number: ACANDC-18989198  |
| Date refund processed: 6/13/2024  | Refund processed by: JPN   |
| Reason for denial (if applicable):  |  |
| Referred for OSC date (if applicable):  |  |